



Western  
University  
OF HEALTH SCIENCES

# Invention Disclosure

OFFICE OF RESEARCH AND BIOTECHNOLOGY

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SUBMISSION FORM

revised 8/22/24



# Disclosure

Please note that all of the following information will be kept strictly confidential.

All raw data and records related to this submission are subject to auditing for compliance purposes.

Any questions regarding this form can be sent in writing to the Senior Vice President of Research and Biotechnology.

Please submit the completed form with all required documents to:

Senior Vice President for Research and Biotechnology  
Western University of Health Sciences  
309 E. Second St. Pomona, CA 91766

**Date invention submitted to the Office of Research and Biotechnology:**

**WESTERNU disclosure #**

# Introduction

**Provide basic information of the invention by filling out the form questions below**

- 1. Title:**
- 2. Lead Innovator Name, Phone, Email and % contribution:**
- 3. Other Contributors (WU and NOT) Name, Phone, Email, and % Contribution:**
- 4. Date of Conception and Date of First Reduction to Practice:**
- 5. Were any materials belonging to others acquired via MTA or otherwise used to create this innovation? Please list, if so:**

# Introduction

...Continued.

- 6. Funding Sources Used to create this innovation (include grant number and funding source, if applicable):**

# Invention Details

Provide additional information pertaining to the invention by filling out the form questions below.

1. **Provide an overall summary of the invention. Or, if attaching manuscript, include a one-paragraph 'layman's description' here:**

2. **Has this been published, presented, or planned for publication?**

# Invention Novelty

Provide any relative information pertaining to the invention novelty.

How does this innovation disrupt, improve, or revolutionize its industry/ the standard of care or work it addresses?

# Commercial Viability

Is your invention commercially viable?

Do you have commercial interest in this invention? If so, at what phase of development of the invention do you intend to transfer the technology for commercialization?

If not, what companies/entities would have a commercial interest in this IP?

# Future Development

Detail the next steps of your invention.

## 1. Future development and funding plans? Describe below:



# Applicant Declaration

Please review your application and ensure all information is correct, and proceed to review the Application Declaration on the next page.



Please review the below declarations, initial, sign and date.

\_\_\_\_\_ I hereby declare that I have read and signed the Western University of Health Sciences Intellectual Property and Copyright Works Policy.

\_\_\_\_\_ I hereby declare all information provided in this Invention Disclosure Form is correct.

\_\_\_\_\_ I hereby declare all names and contact information of all contributors to this invention are disclosed in this form and the listed contributors are in agreement to submit application for Invention Patent.

\_\_\_\_\_ I hereby declare that I have all related raw data and documents to support the invention and will be readily available for auditing.

\_\_\_\_\_ I hereby declare that any new information related to this invention will be submitted in an efficient manner to the Office of Research and Biotechnology at Western University of Health Sciences.

\_\_\_\_\_ I hereby declare that I will abide by the rules and regulations relating to intellectual property at Western University of Health Sciences.

\_\_\_\_\_  
Applicant Signature (Sign)

\_\_\_\_\_  
Witness Signature (Sign)

\_\_\_\_\_  
Applicant Full Name (Print)

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Witness Full Name (Print)

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Date

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Date

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Title and College/Department

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